

GRAND FORKS COUNTY LEAVE DONATION REQUEST FORM

Name: _____ SSN: _____ Department: _____

Leave donations I wish to receive: [] **Annual** [] **Sick**

I am applying for the leave-sharing program. I understand that county employee (s) may donate leave to me as follows:

1. Annual leave if I, a relative or household member is suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition that has caused or is likely to cause me to take leave of absence without pay or terminate employment. These terms do not include conditions associated with normal pregnancy. That leave donated to me may only be used by me for the purpose specified and is not payable in cash.
2. Sick leave if I am suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition that has caused or is likely to cause me to take leave of absence without pay or terminate employment. These terms do not include conditions associated with normal pregnancy. That sick leave donated to me may be used by me for the purpose specified and is not payable in cash.

I certify that all leave available to me including sick leave, annual leave, and compensatory time have been used (Yes ____ No ____) or will be used by _____ (date). I also agree to inform my supervisor of my acceptance of a leave transfer.

(SIGNATURE)

(DATE)

Attach a medical certificate from a licensed physician or health care practitioner verifying the severe or extraordinary nature and expected duration of the condition.

DIRECTOR/DESIGNEE REVIEW:

Request approved: [] Request denied: []

Reason for denial: _____

(SIGNATURE)

(DATE)

Definitions for Annual Leave Donation:

“Household member” means those persons who reside in the same home, who have reciprocal duties to and do provide financial support for one another. This term includes foster children and legal ward even if they do not live in the household. The term does not include persons sharing the same general house when the living style is primarily that of a dormitory or commune.

“Relatives” is limited to the spouse, child, stepchild, grandchild, grandparent, stepparent, or parent of an employee.

“County employee” means a permanent employee with over six months continuous service with the county. It does not include employees on probationary status or employees on temporary or other limited term appointment.

“Severe” or “extraordinary” means serious, extreme or life threatening.

Definitions for Sick Leave Donation:

“County employee” means a permanent employee with over six months continuous service with the county. It does not include employees on probationary status or employees on temporary or other limited term appointment.

“Severe” or “extraordinary” means serious, extreme or life threatening.